

<h1 style="margin: 0;">CLAIMS</h1>	SERIAL NO. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	FILING DATE <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
APPLICANT(S) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

CLAIMS							*			*			*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND. DEP.		IND. DEP.		IND. DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51								
2							52								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS